

3 FAM 1900 Appendix B OLD 3 FAM 680, MEDICAL AND HEALTH PROGRAM

(TL:PER-283; 08-18-1995)

3 FAM 680 MEDICAL AND HEALTH PROGRAM

At this time the new material which would be contained in this chapter have not been cleared for issuance. Accordingly the old 3 FAM version, which is the current version in force, is issued as 3 FAM 1900 Appendix A to this chapter. The most recent issuance of this material was done under TL:PER-14, dated 11-30-89.

3 FAM 681 GENERAL PROVISIONS

3 FAM 681.1 Applicability

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The regulations and procedures prescribed herein are applicable to all U.S. citizen employees of the Foreign Service and to their eligible dependents except resident staff employees (for State, see section 3 FAM 0122.5; for AID, Handbook 25, Chapter 34 for USIA, see MOA V-B 520); and, when authorized by appropriate legislation and in keeping with specific administrative agreements, to those U.S. citizen Federal employees assigned or to be assigned abroad by other U.S. Government agencies and to their eligible dependents.

b. Applicability is extended to designated U.S. Civil Service employees who are assigned abroad on temporary duty in accordance with section 685.3. The employee's agency, department or bureau must have elected to provide such medical benefits and have entered into agreement with the Office of Medical Services of the Department of State.

c. The following agencies participate by formal agreement in the Medical and Health Program of the Department of State:

Agency for International Development (USAID), includes PASA
Department of State
U.S. Information Agency (USIA)
Peace Corps (excludes volunteers)
Department of Agriculture Foreign Agricultural Service (FAS)

Federal Grain Inspection Service (FGIS)
Animal/Plant Health Inspection Service (APHIS)
Agricultural Research Service (ARS)
Office of Information, Cooperation and Development (OICD)
Soil Conservation Service (SCS)
Department of Commerce
Foreign Commercial Service (FCS)
Export Development (ED)
Import Administration (IA)
Bureau of Census (Lagos only)
Department of Interior
Bureau of Reclamation (BUREC)
U.S. Geological Survey (USGS)
Office of the Inspector General (OIG)
Department of Transportation
Federal Aviation Administration (FAA)
Federal Highway Administration (FHA)
U.S. Maritime Administration (USMA)
Department of Justice
Drug Enforcement Administration (DEA)
Immigration and Naturalization Service (INS),
(Includes Pre-Clearance Personnel)
U.S. Marshals Service (USMS)
Federal Bureau of Investigation (FBI)
Department of Treasury
U.S. Customs (USC)
U.S. Secret Service (USSS)
Office of International Affairs (OIA)
U.S. Saudi Arabian Joint Commission for Economic Cooperation (JECOR)
Internal Revenue Service (IRS)
Bureau of Alcohol, Tobacco and Firearms
National Aeronautics and Space Administration (NASA)
The Library of Congress
Environmental Protection Agency (EPA)
Department of Veterans Affairs (VA), Staff Employees Only
Office of the U.S. Trade Representative (USTR)
Inter-American Foundation (IAF)
Department of Health and Human Services
Centers for Disease Control (CDC)
National Institutes of Health (NIH)
Office of International Affairs (IAF)
Office of Human Development Services (OHDS)
Social Security Administration (SSA)
U.S. Postal Service (USPS)
African Development Foundation (AFD)
Department of Energy (DOE)
National Science Foundation (NSF)

3 FAM 681.2 Policy

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The general policy of the Department of State is to provide where possible and assist all U.S. citizen employees and their eligible dependents in obtaining the best possible medical care available in the region to which they are assigned. This includes personnel of the Department and all agencies participating in the medical program by agreement. This policy extends to the most remote parts of the world, but recognizes the limited ability of the U.S. Government to provide medical care equivalent to that available in major U.S. medical centers. In the event local and regional medical facilities are inadequate to provide essential services, evacuation to locations where such services can be obtained may be authorized.

b. It is also part of the Department's medical policy to provide an Environmental Health and Preventive Medicine program which focuses on the protection of employees and their dependents from environmental conditions which could endanger their health.

3 FAM 681.3 Authority

3 FAM 681.3-1 Foreign Service Act of 1980

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The authority for the regulations prescribed herein is contained in the Foreign Service Act of 1980 (as amended by PL 96-465).

3 FAM 681.3-2 Discretionary Authority

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The Department of State may authorize or approve payment of medical expenses and medical travel necessary or expedient in unusual or unforeseen circumstances, if allowable under existing authority, whether or not specifically provided for by these regulations.

3 FAM 681.4 Delegation of Authority

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Subject to the limitations prescribed herein and the availability of funds, the Department of State and the participating agencies listed in section 681.1 have delegated to principal and administrative officers of the Department of State overseas, and to their designees in writing, authority to:

a. Authorize and approve medical treatment, hospitalization, immunization, examination, and related expenses of American employees of such agencies and their dependents (see section 685.4). Certifying officers of the Department of State have been authorized to certify medical expense vouchers chargeable to funds of participating agencies.

b. Authorize and approve medical travel (except within the United States) of such employees, their dependents (see section 686.1), and required attendants (see section 686.2);

c. Contract for nonemployee attendants.

d. Only the Principal Officer may determine other persons to be temporarily eligible for specific health unit services following consultation with the regional medical officer or other individual designated by the Medical Director. Use of the health unit is determined by the following conditions:

(1) Cases where no other suitable health care is available;

(2) Extension of the care does not detract from the care available to authorized recipients;

(3) It is in the best interest of the U.S. Government;

(4) An equitable system for reimbursement of health care services is agreed upon by both post and those receiving health unit services; and

(5) The health care provider determines that the prospective patient's health condition does not exceed the capabilities of the health unit staff.

3 FAM 681.5 Funding

3 FAM 681.5-1 Direct Medical Expenses

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Direct medical expenses are those costs clearly identified with a given patient and charged to the funds of the applicable employee's agency. Except as noted in section 3 FAM 681.5-2, such expenses, when authorized, include:

- a. Hospitalization and related expenses (see section 685.2);
- b. Medical travel expenses of employees, their dependents, and authorized employee attendants;
- c. Immunization and examination expenses when obtained from private physicians or clinics, or at U.S. Government facilities other than the Department of State Office of Medical Services or post health units;
- d. Contractual services of nonemployee attendants.

3 FAM 681.5-2 Shared Medical Expenses

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Shared medical expenses are those expenses funded under administrative support agreements. Such expenses include:

- a. Operating costs of post health units;
- b. Cost of certain medical supplies and equipment; and,
- c. All medical costs for shared administrative support personnel attributable to the support of each agency, including direct medical expenses incurred for the medical care of such personnel.

3 FAM 681.5-3 Insurance Coverage

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Employees are required to complete the insurance statement on Form FS-569, Authorization for Medical Services for Employees and/or Dependents. Principal and administrative officers are responsible for ensuring that certain medical insurance benefits payable to U.S. citizen employees and their dependents for medical services at government expense are recovered as repayments to the respective appropriated funds. (See 4 FAM 437.9.)

3 FAM 681.6 Definitions

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The following apply to the regulations contained in section 3 FAM 680:

a. "Medical Clearance," Form DS-823, issued by the Medical Director of the Department of State to report that the medical examination of an individual has been completed and the individual has been found medically cleared with or without limitations (see section 684.7) or not cleared for service abroad. It may also report that the final evaluation is pending further examination or treatment or that the previous clearance is annulled.

b. "Administrative waiver" means an administrative decision issued by the responsible officer of the employing agency to waive the requirement for medical clearance of an individual employed and/or assigned or stationed abroad.

c. "Competent medical authority" means the Medical Director, a Post or Regional Medical Officer (RMO), Foreign Service Nurse Practitioner, the Post Medical Adviser, or other local physician(s) with comparable training and experience.

d. "Covered by insurance" means coverage under the Federal Employees Health Benefits Act of 1959, as amended, and/or any type of private health, medical, hospital, time-loss or other insurance coverage. The specific provisions of an insurance policy control the extent and conditions of medical coverage" (e.g., some policies exclude coverage for certain medical expenses paid by the Department and other agencies).

e. "Dependents" include the following members of an employee's family as indicated in the employee's personnel file maintained by the Department of State or applicable agency:

(1) "Spouse;" and

(2) “Children” who are unmarried and under 21 years of age or, regardless of age, who have been determined incapable of self-support, provided such incapacity existed on or before the 21st birthday of the child. The term shall include, in addition to natural offspring, stepchildren and legally adopted children and those under legal guardianship of the employee or the spouse when such children are expected to be under such legal guardianship at least until they reach 21 years of age and when dependent upon and normally residing with the guardian.

f. “Emergency dental care” means any dental condition which is causing severe pain and/or for which the deferment of proper treatment would cause permanent and irreparable damage to the teeth or supporting dental structures. (Note: Orthodontia is not regarded as an emergency dental condition.)

g. “Immunization” means the administration of a biological preparation, e.g. a vaccine or antiserum, designed to augment an individual’s resistance and thus attempt to protect that individual against a disease.

h. “Listed Christian Science practitioner” is a Christian Science practitioner certified by the Mother Church at Boston, Massachusetts, and currently listed in The Christian Science Journal published by the Christian Science Publishing Society. Inquiries concerning the eligibility of a practitioner should be addressed to the Medical Director. Such practitioners are authorized to treat any U.S. citizen employee or dependents who are Christian Scientists and who request such services in lieu of a physician and to recommend their evacuation to a Christian Science sanatorium (see section 685.2a).

i. “Located abroad” means physically outside the 50 States and the District of Columbia while on official travel orders.

j. “The Medical Director” means the Assistant Secretary for Medical Services, who directs the medical and health program.

k. “Required dental care” means dental treatment which cannot be postponed until home leave and which, if delayed, can reasonably be expected to result in a need for emergency dental care. Specifically excluded from the definition are prophylactic and cosmetic dental care.

l. “Stationed abroad” means ordered on detail or assignment outside the 50 States and the District of Columbia and includes the period authorized for an employee and employee’s dependents to travel to and return from such detail or assignment.

m. "Serious illness, injury or medical condition" (medical emergency at post) means a state of health which requires hospitalization or similar treatment, and which could prevent an employee from performing his/her assigned duties, or could adversely affect the medical clearance of the employee or eligible dependent (see section 684.7).

n. "Eligible U.S. citizen employees" may include Civil Service employees designated by their agency, having an agreement with M/MED of the Department of State, who will be assigned abroad on temporary duty.

3 FAM 682 RESPONSIBILITY FOR MEDICAL ADVICE AND ASSISTANCE

3 FAM 682.1 In the United States

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The Office of Medical Services of the Department of State is available to eligible employees and their eligible dependents for consultation on health and medical issues in the United States and overseas. Physical examinations can be arranged for personnel within the United States when indicated. The examination clinic can perform such examinations for those who will be in the Department of State. Any eligible employee or eligible dependent with medical or health problems may arrange a consultation while in Washington or may write to the Office of Medical Services requesting assistance and medical referral when indicated.

b. The Department of State will maintain a health unit in selected, major office buildings to provide medical assistance for medical conditions that fall within the scope and capabilities of the medical personnel employed in those facilities. Appropriate referrals for private medical care may also be made.

3 FAM 682.2 Overseas Posts

3 FAM 682.2-1 Assignment of Foreign Service Medical Officers

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Medical officers, including physicians, nurse practitioners and laboratory technicians, are assigned to positions overseas where it has been determined that their medical services are needed at post or in the region. The size of the mission, availability of local medical care, degree of isolation and special medical conditions are to be considered when determining the assignments of medical personnel. The qualifications, training and experience of professionals are considered when making recommendations for assignments to specific posts.

a. Physicians

Physicians must meet the following requirements for selection into the Foreign Service:

- (1) American citizen;
- (2) Completed his/her medical education and graduated from a recognized school of medicine or osteopathy;
- (3) Fulfilled the requirements of an internship and/or residency and have at least 5 years of practical experience following training;
- (4) Have a current license to practice medicine in at least one of the United States or the District of Columbia.
- (5) Board eligible or board certified in an area of medicine which is consistent with the goals of the Department in providing clinical care overseas (such as family practice, internal medicine, emergency medicine, etc.).

b. Nurse Practitioner

Nurse practitioners must meet the following requirements for selection into the Foreign Service:

- (1) American citizen;
- (2) Completed a Bachelor of Science degree in nursing or an associated field;
- (3) Certified as a Nurse Practitioner by the state of licensure or the American Nursing Association after completion of at least 1 year of specialized academic training; and
- (4) Hold a current license as a registered nurse in at least one of the United States or the District of Columbia.

c. Laboratory Technologists

Laboratory technologists must meet the following requirements for selection into the Foreign Services:

(1) American citizen;

(2) Have at least 5 years of clinical laboratory experience in a medical laboratory; and

(3) Registered with one of the major societies for clinical laboratory technologists and/or certified by the Department of Health and Human Services.

3 FAM 682.2-2 Duties of Medical Personnel

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Duties of all medical personnel will essentially be to provide services to eligible employees and their dependents assigned abroad and to advise the mission with regard to safe health care practices. Duties may vary from post to post depending on the unique needs of each post and the qualifications of the health care provider.

a. Duties of Regional Medical Officer (RMO)

Regional medical officers at posts within geographic area of responsibility perform the following duties:

(1) Act as advisors to the principal officers on all foreign policy questions having medical importance and on all facets of the medical program.

(2) Provide medical care, counsel and examination for American employees and their dependents within the framework of these regulations and the capabilities of the physician, considering the facilities and time available;

(3) Travel periodically and in emergencies render medical support to posts within their regional area of responsibility to provide the same services set forth in paragraphs 1 and 2 above;

(4) Provide supervisory, collaborative and consultative services to the FS nurse practitioner and laboratory technologists, either in person or by written/verbal communication;

(5) Establish and monitor the standard of care provided by all health care personnel employed in health units under his/her supervision; and

(6) Maintain liaison with local physicians, hospitals, laboratories and public health officials on matters pertinent to the Department of State medical program; and

(7) Provide consultation and support to posts within their region on the recognition and evaluation of environmental and occupational conditions which may cause impaired health and well being, or life threatening illness. RMOs shall utilize the services of the M/MED Environmental Health and Preventive Medicine staff as required.

b. Duties of Foreign Service Nurse Practitioners Foreign Service nurse practitioners provide primary health care in accordance with their knowledge base, experience and competence in collaboration with the regional medical officer. In addition to their role as primary health care providers, they provide intervention including, but not limited to the following:

(1) Act as advisor to the principal officer on all foreign policy questions having medical implications and on all facets of the medical program in the absence of the RMO;

(2) Provide comprehensive primary care and counseling for American employees and their dependents within the framework of these regulations and the capabilities of the nurse practitioner, considering the facilities and time available;

(3) Collaborate with the RMO, either in person or by written/verbal communication;

(4) Establish and monitor (in conjunction with the RMO) the standard of care provided by laboratory technicians and the contract health care providers employed in the mission; and

(5) Maintain liaison with local physicians, hospitals, laboratories and public health officials on matters pertinent to the Department of State.

(6) Travel periodically and, in emergencies render medical support to posts within their regional area.

c. Duties of Laboratory Technologists Laboratory technologists perform the following duties:

(1) Establish laboratories to provide support toward diagnosis and treatment of disease;

(2) Train laboratory personnel employed by U.S. Missions within their region upon request of the medical director and/or the RMO;

(3) Take routine X-rays and, at posts so equipped, perform selected diagnostic X-ray studies; and

(4) In conjunction with the RMO or the nurse practitioner, participate in the post's community health programs.

3 FAM 682.2-3 Continuing Medical Education (CME)

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Each post maintains a Health and Medical Information Report, prepared with the advice and assistance of the regional medical officer (RMO), Foreign Service nurse practitioner, post medical advisor, local health agencies, U.S. Government physicians assigned to the country, and other reliable sources of medical information.

b. The level of proficiency of health care professionals must be maintained through continuing medical education and training programs pertinent to the health care problems encountered in Foreign Service medical practice. Such programs will be provided by the Office of Medical Services in conjunction with the faculty of an accredited school of medicine or nursing. CME programs for laboratory technologists must be acceptable to the American Society of Clinical Pathologists.

c. Educational programs must provide, in part, the education credits required to maintain state licensure.

3 FAM 682.2-4 Designation of Post Medical Adviser

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The Department of State principal or administrative officer at post may designate one or more medical advisors to provide competent and timely medical assistance.

a. Guidelines and Procedures for Selection of Post Medical Advisers (PMA)

(1) Selection of post medical adviser should be made with the consultation and agreement of the RMO or the medical director. There should be a clear need for an advisor based upon significant absences of the medical officer or nurse practitioner from post and lack of reliable communication links between posts or other medical centers.

(2) Post medical advisers should be selected based upon their medical training and knowledge of the English language.

(3) The need for the continued services of a PMA should be reevaluated periodically by the principal or administrative officer with concurrence of the regional medical officer. The PMA's appointment is not compensable.

b. Duties of Post Medical Adviser

Post medical advisers perform the following duties:

(1) Advise the principal or administrative officer or, a designated representative, of the need for medical treatment and recommend evacuation in cases when suitable care is unavailable locally; and

(2) Advise responsible officers at the post of public health problems which exist or which might arise.

(3) In situations where the PMA is also asked to provide direct patient care within the health unit, he/she may receive payment for patient care through a professional services contract based on an arranged hourly wage. The Regional Medical Officer must review these contracts.

3 FAM 682.2-5 Health and Medical Information Report

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Each post maintains a Health and Medical Information Report, prepared with the advice and assistance of the regional medical officer (RMO), Foreign Service nurse practitioner, post medical advisor, local health agencies, U.S. Government physicians assigned to the country, and other reliable sources of medical information.

b. All employees serving with any of the agencies covered by the Department of State Medical Program should be given a copy of this report.

c. Current copies are kept on file in the Office of Medical Services (M/MED) for use in the development and administration of the overseas medical program.

d. The Health and Medical Information Report should be reviewed and corrected annually for submission to M/MED no later than January 31. If there is no change, a statement of that fact should be submitted. When a significant change in medical conditions or facilities arises prior to the annual reporting date, an off-schedule report should be submitted immediately. All reports should show the date of review and be transmitted to M/MED, under cover of memorandum (subject: AMED, making reference to Report No. F-14, 2 FAM 144.1).

e. Pages should initially be prepared on one side only, dated and consecutively numbered. When a correction or change is required, only the revised page, bearing its original number and new issue date, need be prepared.

3 FAM 682.2-6 Contents of Health and Medical Information Reports

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Each report contains the following information:

a. The names of the post medical advisers (PMA), where applicable;

b. A representative list of names of reputable physicians and dentists with their addresses, telephone numbers, specialties and proficiency in English (optional). If included, the report should make it clear that there are other reputable doctors and that the choice of a physician is a personal matter. If wide distribution of a panel of names is inappropriate, a list of available doctors and dentists should be maintained for review by interested personnel;

c. Names and addresses of available hospitals and clinical facilities, indicating those with special capabilities such as emergency rooms, cardiac care, obstetrics, pediatrics, etc.;

d. A list of health conditions at post and advice on precautionary measures which should be taken. Specific topics which may be covered when applicable include the following:

(1) Potability of local water;

(2) Sanitary precautions regarding local meats and produce;

(3) Health hazards, including biting and/or venomous insects and snakes, infected or contaminated bathing areas, sun exposure and dietary deficiencies; and

(4) Infectious diseases and preventative measures such as vaccines or malarial suppressives; and

e. Any additional information of a related nature which may be of value to new personnel coming to the post.

3 FAM 682.2-7 Reports of Illness or Injury

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The Department of State principal officer, medical officer or nurse will report telegraphically, by "MED CHANNEL" (5 FAM 212.3f), to M/MED each serious illness or injury of employees or their dependents (see section 3 FAM 697.1). At posts where no Foreign Service medical officer or Foreign Service nurse practitioner is assigned, the principal officer may designate an officer with appropriate signing authority to initiate and receive "MED CHANNEL" messages. It is the responsibility of the Office of Medical Services (M/MED) to notify the employing agency.

b. Telegrams reporting accidents or injuries not covered by the Department of State Medical Program must be specifically marked for action by the employing agency. "MED CHANNEL" should not be used in these cases.

c. Any other medical reports, except as described in sections 684.6-2 and 685.4, are sent by memorandum. When the medical information is so highly sensitive that it should be seen only by the Medical Director, the report will be enclosed in double envelopes with the inner envelope marked; "TO BE OPENED ONLY BY THE MEDICAL DIRECTOR (M/MED)." Such communications should be sent to the Department by registered mail. Only where security considerations are involved is a prescribed security classification used.

3 FAM 682.2-8 Provisions of Health Room and Bed Rest Facilities

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. All overseas missions may establish health care units with facilities consistent with perceived needs. Each post, at a minimum, should have a suitable place where employees can rest when they feel ill but may not require sick leave.

b. When planning the construction, renovation and/or development of overseas health facilities, the Medical Director should be consulted concerning the size, configuration and medical equipment to be used in the facility.

3 FAM 683 FAMILY ADVOCACY PROGRAM

3 FAM 683.1 General Provisions

3 FAM 683.1-1 Applicability

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

These regulations form an integral part of the Medical and Health Program administered at posts abroad by the Office of Medical Services (M/MED), Department of State. These regulations apply to all persons included in that program (see 3 FAM 681.1).

3 FAM 683.1-2 Policy

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

It is the policy of the Department of State and of other agencies participating in the Medical and Health Program administered by M/MED to:

a. Encourage the development of programs or activities at posts abroad that contribute to a healthy family life, and that restore to a healthy state those families experiencing child abuse or neglect or spouse abuse or neglect or other dependent family members (hereafter referred to as abuse/neglect).

b. Provide a Family Advocacy Program at posts abroad coordinated by M/MED to facilitate the prevention, identification, evaluation, treatment, and follow-up of cases of abuse/neglect.

c. Protect the safety and health of children and family members and provide suitable counseling and treatment while endeavoring to maintain family integrity.

d. Provide for appropriate disposition of confirmed cases of abuse/neglect, and take appropriate action in those instances where intentionally false reports of abuse/neglect are made.

3 FAM 683.1-3 Purpose

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The principal purpose of these regulations is to protect and promote the physical and mental well-being of U.S. citizen employees and their spouses, children, and families stationed at posts abroad. Of equal importance is the protection of an employee's career and reputation. To these ends, these regulations provide guidance and assign responsibility for handling and disposition of alleged or established cases of abuse/neglect.

3 FAM 683.1-4 Authority

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

These regulations are issued under the authority of sections 206, 207, and 904 of the Foreign Service Act of 1980 (22 USC 3926, 3927, 4084).

3 FAM 683.1-5 Definitions

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. "Spouse/dependent family member abuse" means direct, physical injury or trauma intentionally inflicted on a spouse or other adult dependent family member.

b. "Child abuse" - The term child abuse means mental or physical injury inflicted on a child (or failure to prevent the infliction of physical or mental injury upon the child), including excessive corporal punishment or an act of sexual abuse or molestation, by a parent, guardian, or custodian under circumstances which indicate that the child's health or welfare is harmed or threatened thereby.

c. "Child neglect" means:

(1) The abandonment or abuse of a child by his or her parent, guardian or custodian; or

(2) The deprivation of proper parental care or control, subsistence, education as required by law, or other care or control necessary for his or her physical, mental, or emotional health, and the deprivation is not due to the lack of financial means of his or her parent, guardian or other custodian; or

(3) The inability of a parent, guardian or custodian to discharge his or her responsibilities to and for the child because of their incarceration, hospitalization, physical or mental incapacity; or

(4) The refusal or inability of a parent, guardian or custodian to assume the responsibility for the child's care, control or subsistence and the person or institution which is providing for the child states an intention to discontinue such care; or

(5) The placement of a child in imminent danger of being abused and the sibling of such child has been abused.

d. "Inadequate supervision" - A child receiving inadequate supervision is a child who:

(1) Is subject to compulsory school attendance and habitually truant from school without justification;

(2) Is habitually disobedient of reasonable and lawful commands of his parents, guardian, or other custodian; or

(3) Is in need of care or rehabilitation; or

(4) Has committed an offense committable only by children.

e. "Child" means any person under the age of 18 years.

f. "Spouse" means a person who is married to a U.S. citizen employee or who is the U.S. citizen employee.

g. "Other dependent family member" means any other family member dependent upon and residing with any U.S. citizen employee and spouse. "Head of overseas establishment" means the officer in charge of any of the components of the U.S. mission in the country. For USIA this includes the Country Public Affairs Officer and the manager of the Voice of America (VOA) Relay Stations, as appropriate.

3 FAM 683.2 Responsibilities

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. M/MED

This office develops a coordinated approach to the family advocacy matter, including consultations with the National Center on Child Abuse and Neglect (NCCAN), the Department of Health and Human Services (HHS) and local family welfare agencies, and maintains a central Family Advocacy Case File records system in accordance with section 683.5 below. The office shall also be responsible for setting up and administering the training programs for Family Advocacy Officers.

b. Chiefs of Mission

The Chief of Mission ensures that procedures established by these regulations are followed. The Chief of Mission designates a Family Advocacy Officer, who is the Deputy Chief of Mission (DCM) or, if a Regional Medical Officer (RMO) is resident at post, shall be either the DCM or RMO.

c. Family Advocacy Officer (FAO)

The FAO has primary responsibility for implementing and publicizing the Family Advocacy Program at post; initiating investigations; making determinations in consultation with the RMO, as appropriate to case disposition; and maintaining case files in accordance with these regulations. In carrying out these responsibilities, the FAO is required to request medical assistance.

d. Regional Medical Officer or Regional Medical Officer Psychiatrist (RMO/P)

The RMO or RMO/P, subject to the exercise of sound professional judgment, shall respond promptly to requests by a FAO for assistance in the investigation of suspected or treatment of established cases of abuse/neglect. If the RMO or RMO/P are unavailable, the FAO requests guidance and/or assistance from the Medical Director, M/MED.

3 FAM 683.3 General Procedures

3 FAM 683.3-1 Signs of Abuse/Neglect

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

In reporting Abuse/Neglect, the following categories are considered:

- Physical assault;
- Excessive corporal punishment;
- Physical neglect or inadequate supervision of a child;
- Sexual exploitation.

3 FAM 683.3-2 Reporting

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Every member of the Foreign Service community is encouraged to be aware of the possibility of abuse/neglect. Anyone having information that leads them to have substantial concerns that abuse/neglect is occurring is strongly encouraged to report such information in confidence to the FAO. The FAO will take the actions required by section 683.3 and will provide counsel to the individuals reporting abuse/neglect as to the seriousness of the charges involved.

3 FAM 683.3-3 Investigation

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Upon receiving a report or otherwise discovering a suspected case of abuse/neglect, the FAO opens a Family Advocacy Case File and contacts medical authorities (see 3 FAM 683.5). The investigation begins with informal, confidential inquiries to advise the family of the nature of the investigation and to obtain their cooperation. At the onset of the investigation, the Family Advocacy Officer shall inform any individual suspected of abuse/neglect of the right to have counsel present at any interview conducted with the individual during the investigation. Employees are advised that the FAO investigation is a nondisciplinary procedure whose sole purpose is to determine whether medical treatment, counseling or other family services are required, and that any information or statements gathered in the course of investigation in connection with the family advocacy program will not be used for disciplinary purposes.

b. The investigation process begins with an initial review period, during which the FAO determines whether there is cause for any further investigation. Inquiries are to be made to teachers and others who may have information as to the seriousness of the suspected case. Medical examinations and/or consultations are scheduled promptly with the RMO or other available medical professional(s), as appropriate.

c. The employee is advised that repatriation may be ordered if MED determines that required services are not available at post or if the investigation cannot be completed due to noncooperation of the individual involved. The employee is also advised that he/she may request voluntary repatriation. The FAO will give reasonable consideration to any requests for voluntary repatriation.

3 FAM 683.3-4 Recording

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Medical examinations and family interviews are promptly and thoroughly documented and these reports are placed in the Family Advocacy Case File. Only medical records relevant to an individual's physical or mental health are to be placed in that individual's medical file and no reference will be made to the FAO investigation or FAO case file. Careful prompt recording of medical information, interviews and photographs documenting injuries is highly important.

3 FAM 683.3-5 Determination

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Following the interviews and examinations, the FAO shall consult with the RMO and appropriate health care professionals concerning disposition of the case. Apart from special circumstances, the investigation is completed and a determination made as to the case disposition within 30 days. If a case is determined to have no basis in fact, it is termed unfounded and the case file is immediately destroyed. If no services are needed and the initial report is unsubstantiated, active processing of the case is terminated. A note is made in the file to the effect that there is no reason to believe that there is or has been abuse/neglect. If the RMO determines services are needed, the family is informed and a treatment plan is recommended. If a determination cannot be made because the individuals decline to cooperate with the investigation or if MED determines that required treatment is not available at post, medical evacuation or administrative transfer of the employee is considered (see 3 FAM 683.4).

3 FAM 683.3-6 Treatment

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Treatment is directed toward keeping the family intact whenever possible and preventing further abuse. This may be accomplished by:

- a. Use of resources available within the mission for treatment of the family, e.g., counseling of parents and children;
- b. Where adequate to the problem, culturally compatible, and politically appropriate, referral to host country's social service and/or treatment facilities;
- c. Emergency medical evacuation of child and/or parent, guardian, or spouse, if recommended by RMO for emergency medical treatment;
- d. Repatriation of the family by transfer of the employee to the United States under procedures outlined in section 683.4 below, where a medical emergency does not exist but there is a degree of urgency owing to the possibility of repeated child or spouse abuse/neglect or because of a need for American legal or counseling services.

3 FAM 683.4 Case Procedures and Action by Principal Officer

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The FAO notifies the principal officer of the determination and recommended treatment, if any, in each case. The FAO notifies the principal officer and head of overseas establishment of any case in which investigation was frustrated by refusal of one or more family members to cooperate, or in which one or more family members has refused or prevented the recommended treatment.

b. If repatriation of the family is recommended (1) because the family prevents or refuses investigation and/or treatment, or (2) because there appears to be serious injury or a threat to life, the principal officer in consultation with the head of the overseas establishment requests that the employing agency order the employee's immediate reassignment and transfer to the United States. Such requests must be supported by a medical recommendation transmitted by the RMO through the MED channel. Upon receipt, M/MED will advise the appropriate social welfare agencies in the U.S. Repatriation may be necessary in some additional cases; for example, when treatment services are not available at post or when intervention of the court system in the U.S. is necessary.

3 FAM 683.5 Maintenance and Disposition of Family Advocacy Case File

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. A family advocacy case file is started by the FAO for each case of suspected or established abuse/neglect. Such files are held at post in a separate records system that is co-located with post medical records except when required for use by the FAO. Such records are subject to the protection of the Privacy Act, 5 U.S.C. 552a. Improper disclosure of information contained in the FAO case file may be grounds for disciplinary action in accordance with 3 FAM 0760.

b. If a case is determined to be unfounded, the case file is immediately destroyed.

c. If a case is determined to be unsubstantiated or if the investigation cannot be completed because of the noncooperation of the parties involved, the case file is sent to M/MED where it will be retained for a three year time period. If no further information is developed for the case file during this time the file will be destroyed.

d. If a case is substantiated, the file is maintained at post while the individuals involved remain at post, and upon their departure is forwarded to M/MED, which maintains a separate Family Advocacy Case File records system. Medical information pertaining to reported cases of abuse/neglect are transmitted via the MED channel. Disclosure of such information and records to appropriate local officials in the United States and abroad concerning repatriated or established cases of abuse/neglect is undertaken by M/MED as deemed necessary in the best interest of the child or the family and constitutes a routine use within the meaning of 5 U.S.C. 552a(a)(7).

3 FAM 683.6 Limitation on Use of Family Advocacy Case File In Disciplinary Action

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

A supervisor may report instances of abuse/neglect as grounds for disciplinary action (see 3 FAM 762). Such reports may not be based upon or supported by information obtained from a Family Case File, but must instead be supported by an independent investigation conducted in accordance with 3 FAM 763.

3 FAM 683.7 Education and Training of Health Care Providers

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Due to the nature of the Foreign Service, the Family Advocacy Program is implemented principally by individuals who are not child or family welfare professionals. The Medical Director, however, provides basic training for Foreign Service physicians, nurses, social workers, and FAOs. They are taught:

- a. To recognize and diagnose abuse/neglect;
- b. To work as part of a network of resources for the affected family; and
- c. To assist such families in obtaining professional help.

3 FAM 684 MEDICAL EXAMINATIONS AND IMMUNIZATIONS

3 FAM 684.1 General Policy

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. It is mandatory that all Foreign Service applicants and their eligible dependents undergo a medical examination to determine physical qualification for entrance into the Foreign Service.

b. Once employed, medical examinations for employees and eligible dependents are required prior to assignment or upon direct transfer to a post and upon separation from the service. Dependents who desire may decline medical examination as prescribed in section 684.7-2b on the grounds of religious convictions. The principal or administrative officer in each instance shall forward to the Medical Director signed statements of intent not to take the medical examination on grounds of religious convictions. If a dependent of an employee of another agency is involved, a copy is forwarded to the attention of the appropriate agency.

c. Failure to take the examination for any reason other than religious conviction disqualifies such dependent under section 3 FAM 685 for medical services at government expense.

3 FAM 684.2 Medical Examinations Required

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

In order to comply with the eligibility criteria in section 685 for medical treatment at government expense, all employees and their eligible dependents to whom these regulations apply are examined as follows:

3 FAM 684.2-1 When Examination Required

(TL:PER-14 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Prior to Employment

Each candidate for a position covered by the Medical and Health Program, and each eligible dependent of the candidate, completes the prescribed medical examination before appointment action is completed.

b. During Employment (In-Service)

Except as provided in section 3 FAM 684.1, eligible American employees as defined in section 3 FAM 681.1 and their dependents are required to take the prescribed medical examination prior to departure for a post, upon direct transfer to another post if required by appropriate agency authority (section 684.7-2b), and upon return to the United States for assignment, separation.

If adequate examination facilities are available, employees and their eligible dependents are encouraged to be examined within 60 to 90 days prior to departure from the post in accordance with section 3 FAM 684.4-2. If the examination report cannot be forwarded to the Department at least 30 days before departure from post, the examination should be delayed until arrival in the United States.

If adequate medical facilities are not available, or the employee and dependents prefer, the examination must be arranged in the United States in accordance with section 3 FAM 684.4-1.

c. Newly Acquired Dependents

Dependents newly acquired due to marriage, birth, adoption or legal guardianship should be examined within 90 days of the event as prescribed in section 3 FAM 685.1b.

d. Separation

When separation from the Service occurs for reasons of retirement, death or divorce, the employee and eligible dependents who had ever accompanied the employee abroad have the option to complete the prescribed medical examination. The eligible dependents of an employee who dies in the Service, or the spouse of a member of the Service after dissolution of the marriage, if they had ever accompanied the employee abroad, has the option to also complete the examination.

(1) Retirement, Resignation, or Dependent at Age 21

If the employee elects a separation examination, the employee and eligible dependents must be medically examined prior to their separation date and the examination should be completed:

- (a) If in the United States, at least 30 days prior to the separation date; or
- (b) If abroad, approximately 90 days before the separation date.

The completed examination report should be received in the Office of Medical Services approximately 30 days before separation date. If unable to complete the physical examination overseas, employees have 90 days from separation date to complete the examination.

If the completed medical examination report has not been received by that time, the employing agency will ask the employee and dependents to complete the examination immediately or to execute Form DS-1689, Waiver of Medical Claim, for future medical services (see 3 FAM 684 Exhibit 684.2-1d(1)). However, failure to receive the completed medical examination report before the date of separation will not delay issuance of Notification of Personnel Action (Form SF-50), effecting the separation. If the completed medical examination report is not received by the Office of the Medical Director before the separation date, unless the Medical Director determines that the delay was through no fault of the individual concerned, all claims for future medical services pursuant to section 688 will be automatically waived.

(2) Separation of Dependents after Death of Employee Within 60 days after the death of an employee, the employing agency will request the eligible dependents who accompanied the employee abroad to complete the prescribed medical examination and forward the examination report to the Medical Director.

If the examination report is not received within 60 days following death of the employee, the employing agency will ask the dependent either to complete the examination immediately or to execute and submit Form DS-1689, Waiver of Medical Claim

If the examination of dependent/s is not completed within 90 days following the employee's death, all claims for future medical services pursuant to section 3 FAM 688 are thereby automatically waived, unless the Medical Director determines that the delay was through no fault of the dependent.

When the employee's dependent is hospitalized at the time of separation or death, a narrative report of the hospitalization may be accepted by the Medical Director in lieu of a completed medical examination report.

(3) Separation Due to Divorce

Within 60 days following documentation of a legal divorce, the former spouse and dependent/s of the employee who have accompanied the employee abroad may elect to have a separation physical examination. If the former spouse/dependent children do not elect to complete a physical examination, a waiver of Medical Claim (Form DS-1689) should be submitted to the employing agency. If the physical examination is not completed in 90 days following the date of recognized divorce, all claims for future medical services pursuant to section 688 are thereby automatically waived (see section 3 FAM 684.2-1d (2)).

3 FAM 684.2-2 Documentation

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

When an employee or dependent fails to complete the prescribed medical examination, the employing agency will forward to the Medical Director Form DS-1689, Waiver of Medical Claim, executed by the individual concerned. If the employee neither completes the examination nor executes the Form DS-1689, the employing agency will submit a statement signed by the responsible personnel officer advising that the individual did not complete the required medical examination as instructed and that the employee was fully informed of the consequences under this section and section 3 FAM 688.

3 FAM 684.2-3 Temporary Assignment Examination

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. To be covered by the Medical Program, a Foreign Service employee must have a valid medical clearance or waiver prior to proceeding abroad on a temporary detail or other assignment as described in section 3 FAM 684.7-7.

b. A Foreign Service employee may be assigned abroad on temporary detail without reexamination if the employee has a valid Class 1 medical clearance or waiver (see section 3 FAM 684.7-2b).

c. A Civil Service employee assigned abroad on temporary duty for more than 60 consecutive days must have a current medical clearance. Civil Service employees of agencies who elect to provide medical benefits for temporary duty abroad will be eligible for those benefits regardless of length of stay.

3 FAM 684.2-4 Examination Forms

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Form DS-1843, Medical History and Examination for Foreign Service, is used for medical examinations of all Foreign Service applicants, employees, and eligible dependents over 12 years of age.

b. Form DS-1622, Medical Examination of Dependent Under Twelve, may be used for eligible dependents under 12 years old.

c. Form DS-1635, Personal Health Certificate (see 3 FAM 683 Exhibit 684.7), is used for revalidation of a medical clearance.

3 FAM 684.3 Responsibilities for Examinations

3 FAM 684.3-1 Preemployment Examinations

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Each agency participating in the Department of State Medical and Health Program designates the appropriate office administrative authority within that agency to authorize the taking of preemployment examinations.

3 FAM 684.3-2 Examinations After Appointment

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Each employee is responsible for reporting and having eligible dependents report for required medical examinations. For eligible dependent exceptions, see section 3 FAM 084.1.

3 FAM 684.3-3 Special Examinations

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The Medical Director may order a special examination or a diagnostic consultation of any employee or eligible dependent whenever such an examination is warranted. The principal or administrative officer, on the advice of the regional medical officer or the Medical Director, may take similar action for any employee or his/her dependent assigned to that post.

3 FAM 684.4 Examination Facilities

3 FAM 684.4-1 Examinations in the United States

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Medical examinations in the United States normally will be conducted by the Department of State medical facilities or other U.S. Government medical facilities, if available. A private physician may be retained for performance of medical examinations if unable to schedule at a Government facility or for dependents under 12 years of age.

3 FAM 684.4-2 Examinations Abroad

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The following medical facilities, when adequate, should be used for conducting examinations abroad:

a. U.S. military hospitals when located reasonably close to a post. Travel for such examinations is not authorized.

b. United States military, State Department, or other United States physicians in private practice may be used when available to perform physical examinations. Local physicians may be used for physical examinations when approved by the regional medical officer.

3 FAM 684.5 Arrangements for Examinations

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The principal or administrative officer or designee furnishes employees at post with a letter of authority authorizing examinations of employees and their eligible dependents at (1) nongovernment medical facilities or (2) U.S. Government medical facilities (other than the Department of State's medical facilities or post Health Unit). The letter of authorization is issued in original and one copy approximately 90 days prior to departure from the post in the format illustrated in Exhibit 684.5, as applicable, with the appropriate agency accounting data reflected thereon. In each instance a copy of the letter is furnished to the local fiscal office of the employee's agency.

b. Examinations to be conducted in the Office of Medical Services should be scheduled in advance, prior to leaving the post, if possible.

3 FAM 684.6 Scope of Examinations

3 FAM 684.6-1 General

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Candidates for overseas employment or Civil Service employees on temporary duty abroad for more than 60 consecutive days are examined in accordance with the instructions on Form DS-1843.

3 FAM 684.6-2 Submission of medical history and examination for Foreign Service forms (DS-1843, DS-1622) to the Office of Medical Services

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Medical Confidentiality

The Principal Officer, designee, or Health Unit personnel where applicable, are responsible for the proper handling of the medical examination and associated reports, to ensure that medical confidentiality is maintained.

b. Required Medical History and Examination Form

Form DS-1843 is used for persons age 12 and over; Form DS-1622 is used for dependents under 12 years of age.

c. Patient Identification of Reports

All reports submitted from overseas locations must be in the English language. The completed medical report, laboratory reports, x-rays or related medical documentation should be identified with:

- (1) Full name of the examinee (last, first, middle initial); and
- (2) Date of birth of the examinee (month, day, year); and
- (3) Full name of the employee (last, first, middle initial); and
- (4) Social Security Number of the employee.

For submission of x-ray, this information should be typed or printed in the upper left hand corner of the envelope.

d. Mailing Instructions

All medical examinations and reports related to the medical examinations should be forwarded as soon as possible after completion.

(1) At overseas posts without health units the medical examination report should be returned to the administrative office of the Embassy which requested the physical examination. All reports relating to the medical examination should be forwarded unopened in a sealed envelope by registered mail to the Office of Medical Services (M/MED) and marked "Privileged Medical Information." Examinees or examining physicians should retain duplicate copies of these documents.

(2) At overseas posts with health units all medical examinations should be reviewed for completeness before forwarding to M/MED. All envelopes should show the name of the examinee and the employee and be sent as registered mail or registered pouch. A duplicate copy of the documents should be retained at the post.

(3) Medical examinations completed in the United States should be addressed to the Assistant Medical Director for Clearances, Department of State, Washington, D.C. 20520, and sent as registered mail.

3 FAM 684.7 Medical Clearance Process for Employee or Employee Applicant and Their Eligible Dependents

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The purpose of the medical clearance process is to determine whether an applicant or employee and his/her eligible dependent(s) have medical condition(s) which would adversely affect assignment. Worldwide assignment is required for applicants.

Medical clearance determination for the Foreign Service is based on a careful review of the completed medical examination of the applicant, employee, and eligible dependent(s). The clearance decision is made by the Medical Director or designee in the Office of Medical Services.

3 FAM 684.7-1 Medical Clearance Process for Preemployment Applicants and Eligible Dependents for Foreign Service

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Purpose

The purpose of the preemployment medical clearance process is to attempt to determine whether or not a preemployment applicant and eligible dependent(s) are free of any medical condition(s) which might adversely affect assignment to any part of the world.

b. Medical History and Examination for Foreign Service

All preemployment applicants and eligible dependent(s) must obtain a medical examination and be issued a medical clearance or a waiver of the medical standards.

A preemployment medical examination is valid for two years from the date of issuance of the medical clearance. If such period expires prior to entrance on duty, a new medical examination will be required.

The applicant and eligible dependent(s) may be required to complete Form DS-1635, Personal Health Certificate, prepared in accordance with 3 FAM 684 Exhibit 684.7 (p. 1) during the period of valid medical examination/clearance.

c. Review of Medical Examination

A review of medical examinations of applicants and eligible dependents is performed by the Medical Director or designee. If additional medical tests/consultations are required before a medical clearance may be assigned, the following ACTION is taken:

Action 7: Pending Action - This action places the examinee in a pending status, awaiting receipt of medical tests/consultations that are required in order to make a clearance decision.

The Medical Director notifies the examinee of the additional tests/consultations, with Form DSL-616, Authorization for Medical Tests/Consultations, in accordance with 3 FAM 684 Exhibit 684.7 (p. 2). The appropriate agency is notified with Form DS-823, Medical Clearance, that the individual is in pending action status. Upon receipt of the requested information, the clearance process will proceed with issuance of a medical clearance classification.

If the requested medical information is not received within 60 days of the date of the DSL-616, the applicant will be considered medically disqualified.

d. Medical Clearance Classification

(1) The Clearance classification is assigned by the Medical Director or designee based on the preemployment standards of the Department of State.

(2) All applicants and eligible dependents will be assigned either a Class 1, Unlimited Clearance for Worldwide Assignment, or Class 5, Disqualified for the Foreign Service.

(3) The appropriate agency is notified by Form DS-823 of applicant's and eligible dependent's medical clearance classification. The agency notifies the applicant of the qualification (Class 1) or disqualification (Class 5). The applicant may contact the Assistant Medical Director for Medical Clearances for the medical condition(s) which were disqualifying.

An examinee can be reconsidered after the medical condition has been shown to be resolved.

e. Responsibility of the Applicant

The applicant is responsible for submitting all additional tests/consultations requested on Form DSL-616 for him/herself or eligible dependent(s) within 60 days.

f. Waiver of Preemployment Standards

Waiver of the preemployment standards for applicant or eligible dependent(s) may be initiated by the applicant through the appropriate agency. The examinee's reason for disqualification will then be reviewed by an Employment Review Committee for a decision.

Waiver of the preemployment clearance physical examination based on religious convictions cannot be granted for either applicant or eligible dependent(s).

3 FAM 684.7-2 Medical Clearance Process for Assignment of In-Service Employees and Their Eligible Dependents

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Purpose

The purpose of the medical clearance process is to attempt to identify health condition(s) which may require follow-up care and/or may be aggravated by environmental conditions at overseas locations. This entails a careful review of the in-service medical examination, identification of medical conditions, clearance classification determination, and approval of post assignment for persons with a limited medical clearance.

b. Medical Examination

The medical history and examination for Foreign Service is required for all employees and eligible dependents. A waiver of medical examination for reasons of religious convictions is available to eligible dependents only. Clearance action must also be completed prior to arrival at their next post, if assigned from post to post overseas or prior to departure from the U.S., if assigned from a position in the U.S. to one overseas.

(1) Currently on Assignment in the United States and are Being Assigned Overseas:

(a) The medical clearance of employees and eligible dependent(s) who have an unlimited clearance and who are under 40 years of age is valid for two years from the date of the examination. Upon expiration of the valid period a new medical examination and medical clearance determination is required prior to assignment.

(b) The medical clearance of employees and eligible dependent(s) who have a limited clearance or who are 40 years of age and older is valid for one year from the date of the examination. A Personal Health Certificate, Form DS-1635 is required prior to assignment overseas to extend the clearance for a second year. Upon expiration of the valid period a new medical examination and medical clearance determination is required prior to assignment. (c) Any employee or eligible dependent whose last unlimited medical clearance is more than one year from the date of issuance and who will be assigned abroad or enter into long term language training prior to expiration of their current two year medical clearance, may have or be required to have a new physical examination. This examination would normally take place within that six month period before departure and assignment abroad or entry into training.

(2) Currently on Overseas Assignment Employees and eligible dependent(s) currently assigned overseas must obtain a new medical examination and medical clearance classification at the end of tour if the current medical clearance was issued more than two years prior to the end of tour, i.e., due to direct transfer to a new post, home leave and return to same post, or home leave and new post of assignment.

(3) Shortened Tour of Duty Employees and eligible dependent(s) currently on an overseas assignment whose tour of duty is being shortened (less than two years at post) for reassignment to another overseas post, and who have a limited clearance, must submit Personal Health Certificate (DS-1635). The Medical Director or designee must approve proposed post of assignment.

(4) Renewal of Medical Clearance Employees and eligible dependent(s) assigned to the United States must renew their medical clearance classification every two years, by having a new medical examination.

c. Processing of Clearance

The Medical Director or designee processes the medical examination clearance of employees and eligible dependents. If additional medical tests/consultations are required before a medical clearance can be determined, the following ACTIONS are taken:

(1) Pending Action - The examinee is placed in pending status, awaiting receipt of medical tests/consultations required to make a clearance decision for onward assignment. The Medical Director or designee will notify the examinee of the additional tests/consultations required with Form DSL-616 (see 3 FAM 684 Exhibit 684.7 (p. 2)). The appropriate agency is notified with Form DSL-823 that the individual is in pending action status (Action 7). Upon receipt of the required information, a medical clearance determination will be made.

(2) Annulment Action - An annulment action may be initiated by the Medical Director or designee if an examinee is in a Pending Action status for 60 days from the date of issuance of the DSL-616, and does not submit required tests/information or does not give a reason for non-submission.

The examinee's current medical clearance is annulled, pending receipt of the required medical information. The examinee may not proceed with travel plans for onward assignment until the medical clearance process is completed.

The appropriate agency and the examinee are notified of this annulment (Action 8) with Form DS-823. After notification, the medical clearance process will not proceed pending action by the employee.

If the required medical information is received one year but not more than two years from the date of the medical examination, the examinee must also submit a Personal Health Certificate (Form DS-1635) prepared in accordance with Exhibit 684.7 (p. 1) to the Medical Director. A new medical examination is required if the information is received two years or more after the date of the medical examination.

d. Medical Clearance Classification for In-Service Employees and Eligible Dependent(s):

When the review process is completed the clearance classification is determined by the Medical Director or designee. The medical clearance classifications are as follows:

(1) Class 1: Unlimited Clearance for Worldwide Assignment - Issued to examinees who have no current identifiable medical conditions that would limit overseas assignment.

(2) Class 2: Limited Clearance for Overseas Assignment - Issued to examinees who have medical condition(s) that require periodic and specialized medical evaluation and/or treatment, or whose medical condition would be aggravated by certain environmental conditions. Approval of the proposed post of assignment by the Medical Director or designee is required.

(3) Class 5: Not Cleared for any Overseas Assignment - Issued to examinees found to have medical condition(s) which require specialized medical care best obtained in the United States. These employees or dependents may not travel or be assigned abroad.

e. Approval of Post for Those with a Limited Medical Clearance

For examinees who have a limited medical clearance, The Medical Director or designee must approve the proposed post of assignment prior to the examinee proceeding overseas. The Post's medical capability and environmental conditions are reviewed to determine if the proposed post can provide adequate care for the examinee's medical condition(s). Assignment is not approved if one or both of the following conditions exist:

(1) Medical condition(s) which could be aggravated by identified environmental conditions, may affect the well-being of the examinee, and may result in interruption of duty due to illness of the employee.

(2) Medical condition(s) which require ongoing care not available at post, and if not adequately monitored could have serious health consequences for the examinee, e.g., disease progression, medical evacuation and interruption of duty due to illness.

f. Medical Review of a Clearance Decision

The employee may request review of the clearance decision. The Medical Director will convene a panel of three physicians to review the decision. If the review board determines that there would be undue risk to the examinee at the proposed post, the original clearance decision will stand. An administrative waiver for proposed post assignment may be requested by the employee through their geographic bureau or employing agency and/or the Director General. Such elements as the potential increased cost to the government and whether the assignment is in the best interest of the U.S. Government are considered at this time.

g. Waiver of Dependent's In-Service Medical Examination and Clearance Classification on the Grounds of Religious Convictions

A dependent may request an administrative waiver of the in-service medical examination on the grounds of religious convictions. The waiver must be obtained prior to travel overseas from the appropriate agency authority. An administrative waiver will not affect the dependent's medical benefits under the Medical Program. The dependent will not be issued a medical clearance classification, and his/her status will be indicated by Action 0 (Waiver Action). In such cases, approval of proposed post is required from the Medical Director to assure the employing agency that no adverse health risk is likely to develop.

h. Employee Responsibility

It is the employee's responsibility to:

(1) Begin the medical clearance process for the employee and eligible dependent(s) by obtaining the medical clearance examination. This process should begin 90 days before the date of departure from the United States or post.

(2) Ensure that the employee and eligible dependent(s) have been issued a valid medical clearance before departure for onward assignment.

(3) Ensure that the administrative waiver of the medical clearance examination for eligible dependent(s) is completed and approved due to religious convictions.

i. Forfeiture of Medical Benefits

Proceeding overseas without a valid medical clearance for employee and eligible dependent(s) will result in forfeiture of medical benefits under the Medical and Health Program set forth in these regulations.

3 FAM 684.7-3 Medical Clearance Process for Dependents Newly Acquired through Marriage, Birth or Legal Adoption/Guardian-ship

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The medical clearance process is the same as stated for onward assignment of an employee's dependent(s), section 684.2.

b. It is the employee's responsibility to ensure that any newly acquired dependent, whether through marriage, birth, or legal adoption, obtain a medical examination and clearance classification within 90 days after the date of marriage, birth or legal adoption/guardianship. They are covered by the Department's Medical and Health Program for the first 90 days after marriage, birth or adoption.

c. Medical and Health program will be forfeited if the medical clearance process is not completed for newly acquired dependents.

3 FAM 684.7-4 Temporary Medical Clearance Process for Those Not Cleared for Overseas Assignment

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The purpose of the temporary medical clearance process is to determine if an employee or eligible dependent who is currently not cleared for an overseas assignment (Class 5) may travel overseas on temporary duty (TDY) or visitation for a defined period of time. If cleared for temporary assignment overseas, a temporary clearance (Class 6) will be issued.

b. Requests for temporary medical clearance are submitted as follows:

(1) Employees scheduled to travel overseas on temporary duty (TDY) for 60 consecutive days or more submit their request for temporary clearance to their personnel office, which directs the request to the Assistant Medical Director for Clearances.

(2) A dependent with a Class 5 medical clearance who intends to travel overseas to visit the employee/sponsor, must request a temporary medical clearance. The employee/sponsor initiates the request by cable to the Medical or designee who will review the request. c. The medical director or designee reviews the request for temporary clearance or medical history and examination for Foreign Service Additional medical information may be required before a temporary clearance determination is made.

d. The employee or dependent must obtain a temporary clearance before traveling overseas. Extensions of temporary clearance over the stated time limit must be requested by cable from the post to M/MED/Clearances with the appropriate bureau or agency clearances.

e. Failure to obtain approval for a temporary medical clearance or extension of visit will result in forfeiture of medical benefits under the Medical and Health Program.

3 FAM 684.7-5 Medical Clearance Review Process for Persons Medically Evacuated from Post to the United States.

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The purpose of this process is to determine if return to post may be permitted or if a change in clearance status is necessary.

b. The employee or dependent is responsible for ensuring that a Medical Clearance review has been completed and approval granted before return overseas.

c. Returning overseas without approval following medical evacuation to the United States will result in the forfeiture of medical benefits under the Medical and Health Program.

d. Medical review of the clearance decision for the current post of assignment may be requested by the employee or eligible dependent. The Medical Director will convene a panel of three physicians to review the medical clearance decision and determine if the evacuee will be put at undue risk. The appropriate authorizing agency will determine if, in light of the potential for increased costs associated with future medical evacuation for the condition, it is in the best interest of the U.S. Government.

3 FAM 684.7-6 Medical Processing for Separation

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The purpose of this process is to identify medical conditions that may have developed during service overseas by the employee and eligible dependent(s) who accompanied the employee overseas.

b. All separating employees, eligible dependent(s), and eligible dependent separating from the service at age 21, must obtain a separation medical examination, or submit Form DS-1689, Waiver of Medical Claim to future medical services, prepared in accordance with Exhibit 684.2-1d(1), pp. 1 and 2.

c. The Medical Director or designee reviews the separation medical examination. If additional tests/consultations are required, the Medical Director, or designee will notify the examinee with Form DSL-616 (see 3 FAM 684 Exhibit 684.7, (p. 2)). Form DS-823 (Action 9), Separation Action, is used to notify the appropriate agency that the separation medical examination or waiver has been received.

d. It is the employees responsibility to ensure that he/she and eligible dependent(s), or a dependent turning age 21, begin and complete a separation medical examination(s) within 90 days before the employee's separation date or a dependent's 21st birthday; or submit Form DS-1689, Waiver of Future Medical Claims, prepared in accordance with 3 FAM 684 Exhibit 684.2-1d(1), pages 1 and 2.

e. Failure to complete the separation medical examination within 90 days will result in forfeiture of medical benefits after separation under the Medical and Health Program.

f. If the employee, eligible dependent, or dependent on his/her 21st birthday, is separating and elect not to complete the separation medical examination, Form DS-1689, Waiver of Future Medical Claim must be completed for each individual and be received by the Office of Medical Services before the date of separation. Unless the Medical Director determines that the delay was through no fault of the individual concerned, all claims to future medical services pursuant to section 3 FAM 688 are thereby automatically waived.

3 FAM 684.7-7 Temporary Medical Clearance for Short-Term Assignment Overseas.

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The medical clearance process for an employee who has been selected by an agency for assignment abroad for 60 consecutive days or more is the same as for in-service employees. (see section 3 FAM 684.2)

b. Medical clearance (Class 6) will be issued for those employees whose assignment is approved. The appropriate agency is notified of the clearance classification. If approval of the proposed post cannot be given, no clearance will be issued.

c. The consequence of proceeding overseas without clearance will result in cancellation of medical clearance and forfeiture of medical benefits under the Medical and Health Program set forth in these regulations.

3 FAM 684.7-8 Immunizations

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. General Provisions

U.S. citizen employees and their dependents are provided all necessary immunizations at government expense.

b. Arranging for Immunizations

U.S. and local Government and private medical facilities may be used in obtaining immunizations. When necessary, a contract may be made with a local doctor or clinic with approval of the RMO or FS nurse practitioner in accordance with prescribed procurement regulations. Competitive bidding is not required. A copy of the contract is forwarded to the fiscal officer of each participating agency. When immunizations are authorized under such a contract, or at a U.S. Government medical facility other than the Post Health Unit or Department of State Office of Medical Services, principal or administrative officers or their designees shall furnish employees and their eligible dependents with a letter of authorization (an original and a copy) prepared in accordance with Exhibit 684.7 (p. 2). A copy of the letter is also furnished to the local fiscal office of the applicable agency for obligation purposes.

Children under 12 years of age may be immunized by their pediatrician or family physician and the employee may be reimbursed upon submission of a receipt from the physician.

c. Employee Responsibility

All employees overseas are responsible for obtaining the required immunizations for themselves and their eligible dependents in accordance with locally established post procedures. Personnel within the United States should obtain immunizations from the Department of State, local health offices or their personal physician in order to maintain their immunity.

3 FAM 685 MEDICAL TREATMENT OF EMPLOYEES AND DEPENDENTS

3 FAM 685.1 Eligibility

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Payment for the cost of treatment of an illness, injury, or medical condition, including obstetrical care, of an employee or dependent shall be based on the following conditions of eligibility:

a. The individual must be a U.S. citizen employee of the U.S. Government, or an eligible dependent thereof. (See section 3 FAM 681.6.)

b. An employee or dependent shall have completed the prescribed medical examination and have received a medical clearance or administrative waiver. (See section 3 FAM 684.1.) Each newly acquired dependent, whether acquired through birth, adoption, marriage, or legal guardianship, initially becomes eligible for benefits under this program upon becoming a dependent. Continuation of these benefits beyond 90 days is subject to each new dependent completing the prescribed medical examination and receiving a medical clearance or administrative waiver of clearance within that period of time. Failure to undergo this examination within 90 days may disqualify the dependent for further medical benefits until the examination has been completed and a medical clearance or administrative waiver has been issued.

c. The illness, injury, or medical condition, including obstetrical care is sufficiently serious to require hospitalization as judged by standards generally observed in entering a hospital in the United States as an inpatient, or similar treatment outside a hospital. This determination will be made by the principal officer or designee on the advice of the regional medical officer, or the medical adviser, or a listed Christian Science practitioner (see section 3 FAM 681.6) in the event the patient is a recognized Christian Scientist.

d. The illness, injury, or medical condition including obstetrical care was incurred, caused, or materially aggravated while the patient was located or stationed abroad, as defined in section 3 FAM 681.6.

3 FAM 685.2 Payment of Expenses

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Payment shall be made for inpatient care (hospital or sanitarium) and related outpatient treatment not covered by the patient's health insurance. In this regard, the Department's responsibility to pay for care is limited to the residual after submission of claims and payment by the primary insurer--the employee's health insurance policy.

(1) The expenses incurred, including expenses for outpatient care incurred prior or subsequent to hospitalization, must be directly related to the treatment of the illness, injury, or medical condition including obstetrical care requiring hospitalization or similar treatment;

(2) The expenses must not be excessive as determined by reasonable and customary local charges for medical services; and

(3) The type of treatment rendered must be considered suitable by the principal officer or designee on the advice of competent medical authority, or by a listed Christian Science practitioner. (See section 3 FAM 681.6.)

b. There is no time limitation on hospital care for either employee or eligible dependent. Payment for outpatient treatment is limited to a maximum of 12 months (1 year) from the date an expense was initially incurred by the government, unless a waiver is granted. M/MED may, as a precondition to granting waiver, set limits as to cost, frequency, or duration of inpatient or outpatient treatment including psychotherapy.

c. M/MED may extend a patient's eligible outpatient treatment period when it is determined by competent medical authority that the illness, injury, or medical condition was clearly caused or materially aggravated by the fact that the patient is or was located abroad. The Medical Director may authorize payment for continued outpatient care until such time that maximum benefit of treatment has been reached. "Maximum benefit" may be defined as that point in treatment beyond which definite improvement specifically related to the treatment itself is unlikely to occur. This is the point in treatment at which care may be thought of as being general, supportive, or custodial.

d. Payment shall not be made for expenses incurred for the personal convenience of the patient, such as private room, telephone, television, extra services, or other accommodations superior to what are normally required for treatment of the illness, injury or medical condition.

e. Payment for cosmetic or prosthetic care is not authorized, except in cases where the initial need for cosmetic or prosthetic care results from a medical condition or medical treatment authorized under this section.

f. Payment for dental care is authorized only in cases where the employee or eligible dependent is hospitalized on an inpatient basis on the advice of competent medical authority or when specifically authorized by M/MED.

g. Accounting and vouchering procedures for the payment of medical expenses are contained in 4 FAM 437 and chapter 10, Handbook 19, for USAID.

3 FAM 685.3 Limitations on Medical Coverage

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Medical coverage provided eligible U.S. citizen employees and their dependents overseas does not apply to employees and dependents while they are in the United States on assignment, home leave, or for any other reason, unless an illness, injury, or medical condition including obstetrical care is connected with overseas service and the employee or dependent is otherwise eligible for treatment in accordance with section 685.1. Personnel should be advised to provide adequate medical insurance protection for themselves and their dependents while in the United States.

Medical benefits for Civil Service employees are provided for medical conditions occurring while on temporary duty abroad. Benefits cease upon return to assignment location in the United States. Claims for continuing medical care in the United States should be processed through private health insurance. Claims of injury or disability attributable to temporary duty abroad must be processed through the Office of Worker's Compensation Program as described in the Employee Benefits Handbook, Chapter 10.

3 FAM 685.4 Authorization for Medical Treatment

3 FAM 685.4-1 Medical Facilities Abroad

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

When the principal or administrative officer or designee after consultation with competent medical authority (see section 3 FAM 681.4) determines that an illness, injury, or medical condition including obstetrical care of an employee or dependent, meets the conditions of eligibility for medical treatment, that officer shall arrange for and authorize the treatment on Form FS-569, Authorization for Medical Services for Employees and/or Dependents. In emergency cases, formal authorization shall be requested and issued as soon as possible after hospitalization or treatment is initiated. Form FS-569 is prepared in accordance with Exhibit 685.4 (pp. 1 and 2) and distributed as indicated on the form. Whenever an employee or dependent is authorized hospitalization or medical treatment of any kind at government expense, the principal officer or designee must assure that the employee indicates whether or not coverage is also afforded by medical and health insurance and executes the certificate on Form FS-569.

Questions regarding medical care abroad should be addressed to a Department of State medical officer or the Office of Medical Services (M/MED). An opinion should be obtained in all cases where there is doubt as to the need for the treatment recommended by another physician or by a Christian Science practitioner.

3 FAM 685.4-2 Medical Facilities in the United States

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Eligible U.S. citizen employees or dependents who are unable to obtain suitable medical care abroad as determined by competent medical authority for an overseas-incurred illness, injury, or medical condition, including obstetrical care, may be authorized under certain circumstances by the post to travel to the United States to receive medical care. (See section 686.1.) In such cases, the post shall telegraph in advance via "MED CHANNEL" (see 5 FAM 212.3f) to give the diagnosis and to request instructions from the Medical Director (M/MED). In emergency situations where the well-being of the patient precludes prior consultation with M/MED, the delegated officer at post (section 681.4) may authorize travel to the United States, but shall as soon as possible inform M/MED the reason for the evacuation, give the date and mode of arrival, and request that arrangements for hospitalization be made. All decisions concerning the treating facility to be used, all arrangements for admission, and all action relating to the issuance of authorization for hospitalization and related treatment shall be made by M/MED.

Obstetrical cases should be offered the opportunity of evacuation to the United States as an alternative to delivering at post or the post's designated evacuation point.

3 FAM 685.4-3 Psychiatric Care

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Evaluation

Employees and eligible dependents in need of psychiatric evaluation should be referred to a U.S. Government medical facility overseas if reasonably accessible. A psychiatric evaluation may be undertaken at posts where competent psychiatrists are available who have been approved as prescribed in section 682.2-4a. In emergency situations of any nature, however, any available physician may be used to establish an initial evaluation and to provide interim care pending medical evacuation.

b. Treatment

Continuing psychiatric treatment of employees and their eligible dependents is best pursued within the United States. There may be situations abroad when treatment would be advantageous and possible through the use of foreign psychiatrists. The psychiatrist and patient should share a common language and have similar cultural and institutional heritage. Employees or eligible dependents should first be referred to an overseas military medical facility if possible.

Local psychiatric treatment may be utilized under the following conditions:

(1) A Foreign Service Medical Officer and/or Regional Medical Officer/Psychiatrist has determined that the treating local psychiatrist is competent, has had a thorough and western oriented training and experience, and has an impeccable reputation in the community.

(2) A local security investigation has been completed in accordance with the acceptable investigation for foreign national employees.

(3) The Medical Director has been notified and approval received of treatment plans. (Notification and approval for evaluation is not required.)

(4) Treatment of psychiatric disorders by a psychiatrist should not be entered into where the local psychiatrist owes allegiance to a communist-controlled country.

c. Return of Patient to the United States

If, after evaluation and/or initial treatment overseas, the principal officer in consultation with the post medical advisor or Foreign Service medical officer, consider it to be more desirable to return the patient to the United States, the Medical Director may authorize return to the United States for continued evaluation and treatment.

3 FAM 685.5 Medical Reports on Treatment of Employees and Dependents

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

In each instance where treatment of an illness, injury, or medical condition including obstetrical care of an employee or eligible dependent is authorized at U.S. Government expense, the authorizing official shall obtain a written report in which the attending physician or listed Christian Science practitioner (section 681.6) summarizes examination findings, laboratory and X-ray reports, and indicates the course of treatment followed and any significant recommendations or prognosis. Medical reports should be forwarded to the

Department in a sealed envelope marked "ATTENTION: Office of Medical Services (M/MED)." Reports which relate to medically sensitive problems should be forwarded in a double envelope with the inner envelope marked "TO BE OPENED ONLY BY THE MEDICAL DIRECTOR, OFFICE OF MEDICAL SERVICES (M/MED)."

3 FAM 685.6 Use of Government Medical Facilities Abroad at Employee's Expense

3 FAM 685.6-1 Eligibility

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

U.S. citizen employees and their dependents stationed or traveling outside the United States may use available U.S. Government medical facilities on either an inpatient or outpatient basis at the employees' personal expense.

3 FAM 685.6-2 Procedure for Arranging Admission

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The principal or administrative officer should forward a letter to the officer in charge of the facility, requesting medical care at the employee's expense.

3 FAM 685.7 Medical Reports on Treatment at Employee's Expense

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

When an employee or a dependent undergoes treatment or surgery at their own expense to resolve a significant illness, injury, or medical condition including obstetrical care, a medical report should be forwarded to the Medical Director. Illnesses and injuries so treated would routinely be reported on Form DS-1843, (Medical History and Examination for Foreign Service (for persons 12 years and over)) at the time of the next physical examination.

3 FAM 686 MEDICAL TRAVEL

3 FAM 686.1 Authorization for Travel of Employee or Dependent

3 FAM 686.1-1 Authority

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Any employee or any of the employee's eligible dependents as defined in section 3 FAM 681.6e who require medical care for illness, injury, or medical condition including obstetrical care, while located or stationed abroad in a locality where there is no adequate medical facility to provide such care, and except as described in section 3 FAM 684.7-4e, shall be eligible to travel at government expense to the nearest facility where suitable medical care can be obtained, whether or not the medical care is at government expense.

Subject to the limitations of section 3 FAM 686.1-2 and section 3 FAM 686.1-5, travel is authorized for medical and dental treatment which cannot be postponed until home leave or R & R, and which, if delayed, can reasonably be expected to result in a worsening of the medical or dental condition. The employee or eligible dependent should schedule elective medical or dental treatment to coincide with other official travel. For those elective medical or dental cases where treatment can be delayed, international or other official travel orders would eliminate the need to issue medical evacuation orders.

3 FAM 686.1-2 Evacuation Travel

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The principal or administrative officer, drawing upon competent medical advice, shall determine: (1) the medical need for travel, (2) the nearest locality where suitable medical care can be obtained, and (3) the medical need for one or more attendants (see section 3 FAM 686.2). The principal or administrative officer (see section 3 FAM 681.4) shall authorize travel, with the concurrence of the responsible officer of the respective agency, of any such employee or eligible dependent to the nearest locality where there can be provided suitable medical care including specialized examination, special inoculations, emergency dental care, required dental care, hospitalization, or obstetrical care.

b. For obstetrical patients who elect to return to the United States (section 3 FAM 685.4-2), travel will be authorized to the nearest port of entry in the contiguous 48 states.

c. If a patient elects for personal reasons to travel to another overseas location for delivery rather than return to the United States, travel will be cost-constructive based on travel costs to the regional MEDEVAC point currently used by post.

3 FAM 686.1-3 Cost-Constructive Travel

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

An employee or eligible dependent may elect to travel for medical or dental care to a locality other than the designated point but will be required to pay any difference in travel cost and per diem.

3 FAM 686.1-4 Travel for Medical Examinations

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Travel will not be authorized for employees or eligible dependents to take routine medical examinations or to receive routine immunizations.

The Medical Director may request a pre-departure medical examination under section 3 FAM 684.7-2b(3) or a special examination under section 3 FAM 684.3-3 as specifically ordered by appropriate officials designated in section 3 FAM 684.3-3.

3 FAM 686.1-5 Travel for Required Dental Care

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. The employee or eligible dependent is limited to one round trip during a treatment year exclusive of any required dental care done in conjunction with any other travel. A treatment year begins on the first day of travel for required dental care and ends one year later.

b. Per diem (see section 3 FAM 686.4-3) is payable for authorized travelers not to exceed one day per treatment year, exclusive of travel time. However, in extraordinary cases of required dental care, additional per diem may be authorized. The provisions of section 3 FAM 686.1-3 also apply to required dental care.

c. Implementation

(1) Travel expenses incurred for this purpose prior to October 1, 1984 may not be reimbursed.

(2) The regional medical officer (RMO) will decide whether the person's condition falls within the criteria for required dental care (3 FAM 686.1-1).

(3) The RMO will designate the evacuation point (if unavailable at post) for the required dental care.

(4) There is no provision for dental care at Department of Defense (military) facilities.

(5) Dental treatment is considered outpatient care. Thus, the patient is responsible for total payment of treatment expenses. Letters of authorization or FS-569's may not be issued for required dental care.

(6) The provision for emergency dental care remains unchanged and is not subject to the restrictions in section 3 FAM 686.1-5.

(7) Travel time is subject to existing travel regulations.

(8) Dental Prophylaxis (routine cleaning, superficial scaling, and fluoridation treatment) is considered elective and therefore, not covered under required dental care. Orthodontic care may be considered required dental care when necessary for proper occlusion. Periodontal disease may be considered required dental care when necessary to prevent permanent and irreparable damage to the teeth and supporting structures.

d. Funding. As outlined in 4 FAM 437.5(A), expenses of all medical evacuation travel are charged to an appropriate post allotment and/or the respective agency's funds.

3 FAM 686.2 Authorization for Travel of Attendants and Dependents Who Cannot Be Cared For at Post

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The services of an attendant(s) to accompany an employee or dependent to a locality where suitable medical care can be obtained shall be authorized by the principal or administrative officer (see section 3 FAM 681.4) when it is determined on the advice of competent medical authority that the patient is too ill or too young to travel unattended. Nonconcurrent travel for attendants may be authorized when an attendant is medically required to be present during the course of treatment. Approval for these cases rests with the Medical Director after review of the medical requirement. However, if need for an attendant to accompany a patient returning to post is known in advance or if the need arises during treatment, approval for nonconcurrent travel rests with the authorizing official at post of assignment. When the Military Air Command (MAC) is used to evacuate a patient, adequate medical attention en route is normally provided by MAC. The reason for evacuation should be given to the

patient and, in every instance, the basic problem and possible reactions of the patient should be discussed with the attendant.

When in the judgment of the principal or administrative officer the services of a nonemployee medical attendant is warranted, such service may be contracted for as indicated in section 3 FAM 686.2b.

a. When a nonemployee (nonmember of a family) medical attendant is authorized to accompany a patient, the contracting officer at the post enters into an agreement (see sample format in 3 FAM 686 Exhibit 686.2) and provides for the transportation, payment of authorized incidental expenses related to transportation (exclusive of subsistence), and compensation. The amount of compensation for nonemployee medical attendants may not exceed the prevailing rate in the locality for the type of service rendered plus the equivalent of the amount of per diem which would be paid if the medical attendant were an employee.

b. A nonemployee member of family may be authorized to accompany a patient as an attendant and shall be included in the medical travel order.

c. A family member incapable of caring for self at the post may be authorized to travel with the patient and be included in the medical travel order, provided that no suitable arrangement for care can be made at the post. In these cases, the principal officer or designated representative shall verify that the conditions are met and that the travel is in the best interest of the U.S. Government.

3 FAM 686.3 Authorization for Travel of Doctors and Nurses

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The Chief of Mission may, when warranted, authorize or approve the travel of physicians and nurses to provide medical services to an employee or eligible dependent. The Chief of Mission may authorize or approve similar travel to a neighboring country when so requested by the Chief of Mission assigned to that country.

3 FAM 686.4 Performance of Medical Travel

3 FAM 686.4-1 Applicable Regulations

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

All medical travel, including medical travel of Marine Security Guards and Naval Support Unit Seabees (DS/OS/NSU), is performed in accordance with

the Uniform Foreign Service Travel Regulations and Procedures and the provisions prescribed therein. An Official Travel Authorization is utilized to authorize travel of employees, eligible dependents, and attendants. The original and one copy of the authorization is furnished to the traveler, one copy to M/MED, and a copy to the local fiscal office of the agency concerned for obligation purposes. Additional copies may be prepared to meet specific agency requirements.

3 FAM 686.4-2 Travel Via Military Air Command (MAC)

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Military Air Command (MAC) facilities, which include the services of a medical attendant, may be used for medical travel when available. Private airlines or air ambulances may also be used if in the best judgement of responsible personnel at post that this means of transportation is preferable. Medical transportation companies experienced in this area may be solicited for assistance in the movement of patients to the nearest adequate medical facilities.

3 FAM 686.4-3 Allowable Per Diem for Patients and Attendants

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Patient Medically Evacuated to Areas Outside the United States

Per diem may be authorized, under the Federal Travel Regulations, to employees and eligible dependents in full at the locale rate not to exceed 180 days:

(1) During the course of travel to and from the nearest locality where adequate medical care can be obtained if such travel is authorized under section 686.1-5a and b even though the payment for treatment/care is not authorized at government expense;

(2) During necessary delays prior to admission to the facility for treatment/care, and delays after discharge while awaiting return travel to post;

(3) During necessary periods of outpatient treatment.

b. Patients Medically Evacuated to the United States

Per diem may be authorized to employees and eligible dependents medically evacuated to the United States under the circumstances described above, in full at the U.S. local area rate until the evacuee receives medical clearance to return to post, or for a period not to exceed 180 days exclusive of any period(s) of hospitalization.

c. Periods of Hospitalization

Per diem shall not be authorized and/or paid to a patient during periods of hospitalization.

d. Obstetrical Care

Per diem may be authorized only for a period of 90 days. Under normal circumstances, the patient traveling for obstetrical care will depart post approximately six weeks prior to the expected date of delivery and assuming there are no complications, return to post six weeks after delivery. If there is a clear medical indication (complications) necessitating early departure from post or delaying return to post, per diem in excess of 90 days may be authorized, not to exceed a total of 180 days. This authorization of extended per diem may be granted only by the Office of Medical Services.

e. Emergency Dental Care

Per diem may be authorized for a three day period to resolve the acute situation, excluding travel time. However, in extraordinary cases of emergency dental care, additional per diem may be authorized. This authorization of extended per diem may be granted only by the Office of Medical Services.

f. Required Dental Care

Per diem may be authorized for only one day, excluding travel time. However, in extraordinary cases of required dental care, additional per diem may be authorized. This authorization of extended per diem may be granted only by the Office of Medical Services.

g. Medical and Non-Medical Attendants

(1) Medical and non-medical attendants accompanying adult patients will be authorized 3 days per diem following arrival at the selected treatment site for the purpose of consulting with the treating physician and making necessary arrangements for return to post.

(2) Family members authorized as non-medical attendants accompanying adult patients will be authorized 3 days per diem following arrival at the selected treatment site, as outlined above. However, in extraordinary cases, per diem in excess of 3 days may be authorized, if it is determined that the family member's presence is medically necessary" in connection with the patient's treatment regime. This authorization of extended per diem may be granted only by the Office of Medical Services.

(3) Family members authorized as non-medical attendants accompanying underage patients will be authorized per diem for such periods as the adult's presence is required to resolve medical/legal problems, to render psychological support during inpatient confinement, and to provide parental care during delays awaiting admission to adequate facilities and/or during periods of pre-hospitalization and post-hospitalization treatment.

h. Per Diem During Cost-Constructive Travel

Total expense of travel including per diem should not exceed the cost incurred had the traveler proceeded to the designated site for treatment (6 FAM 117g). If a traveler proceeds to an elective site in lieu of the designated site, the per diem rate may not exceed that of the designated site.

i. Per Diem for Newborns

Newborns are entitled to per diem in addition to the mother under these prescribed regulations, excluding periods of hospitalization. Per diem will be authorized for newborns at one-half the applicable locale rate. (6 FAM 151a.)

3 FAM 686.4-4 Separate Maintenance Allowance (SMA) in Connection with Medical Travel

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. An employee may be eligible for separate maintenance allowance (SMA) if it can be assumed or established that an eligible dependent, while undergoing treatment away from the post of assignment, will be delayed for a period of 90 consecutive calendar days or more. (See section 260, Standardized Regulations (Government Civilians, Foreign Areas)). The 90-day rule will be reduced to 30 days when an eligible dependent in the United States is detained for medical clearance under the provisions of section 262.3a, Standardized Regulations.

b. Separate maintenance allowance and per diem cannot be paid for the same period.

c. Separate maintenance allowance may not be paid on behalf of a dependent for any period during which that dependent is hospitalized at government expense.

3 FAM 686.4-5 Excess Baggage

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Excess baggage may be authorized or approved by the principal or administrative officer when the officer deems it necessary because of the climate factor, medical necessity, or other adequate reason. For a nonemployee attendant, specific authorization for the payment of excess baggage should be contained in the agreement with the attendant.

3 FAM 686.4-6 Notification of Patient's Arrival

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

a. Notification to Posts Abroad

Upon authorization of Medical Travel, the principal or administrative officer transmits a MED CHANNEL telegram to the post nearest to the locality where medical care is to be obtained, giving the name of the patient, agency, age if a minor, name of the attendant (if applicable), method of transportation, nature of illness, destination, and expected time of arrival, and stating whether treatment will be at government expense. Whenever possible, the telegram also states whether or not the patient has been informed regarding the diagnosis and, if not, the reason. If it is necessary that the patient be met or that ambulance service be provided, the telegrams should so state. In each instance, the telegram is repeated to the Department of State, using TAGS: AMED and using MED CHANNEL.

b. Notification to the Department of State

When medical travel to the United States is authorized, the telegram is addressed to the Department of State, using TAGS: AMED, and includes the same information required under section 686.4-6a. The Office of Medical Services has no staff at ports of entry and is not staffed at Washington to meet patients except in emergencies. When medical assistance is not required on arrival, arrangements must be made by the travelers; fees for taxis or similar service are reimbursable. If an ambulance is required, the Office of Medical Services will make the necessary arrangements if notified in advance.

3 FAM 687 MEDICAL SUPPLIES AND EQUIPMENT

3 FAM 687.1 Responsibilities

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

At posts with organized Health Units, the medical officer or nurse in charge originates requests for and dispenses medication, and maintains and issues medical supplies and equipment. At other posts, the accountable property officer is responsible for these duties except the dispensing of medications. In the absence of a medical officer or nurse, limited and specific medications may be dispensed by the administrative officer (see section 3 FAM 687.7-4b) with approval and guidance provided by the post's regional medical officer.

3 FAM 687.2 Requisitioning of Medical Supplies and Equipment

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

For requisitioning procedures, see 6 FAH-1 H-213.4. Guidance should be sought from the regional medical officer or the Office of Medical Services concerning the appropriateness and quantity of medical supplies, equipment, and medications to be requisitioned and stored.

3 FAM 687.3 Record Maintenance

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

All expendable medical supplies and nonexpendable medical equipment should be subject to the controls prescribed in 6 FAM 220 including periodic verifications of the records. The principal officer or designee shall ensure that adequate records regarding supplies and dispensing of controlled medication (narcotics, sedatives, tranquilizers) files are maintained.

3 FAM 687.4 Storage of Medical Supplies

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Medical supplies shall be stored in secure locations and, if necessary, refrigerated or frozen as required. Only authorized personnel shall have access to medical supplies.

3 FAM 687.5 First Aid Kits/Safe Haven Supplies

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

All posts should have an adequate number of small first aid kits for emergency use. All official vehicles must have a first aid kit.

Larger first aid kits or Safe Haven Program supplies may be secured with seal which is a tamper proof device so that contents sealed may be protected from loss.

3 FAM 687.6 Disposal of Perishable Items

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Perishable items must be disposed of appropriately on date of expiration, unless an official extension notice is received from the distributor, or when the item is no longer serviceable. Such action is charged off the inventory record as an issuance.

3 FAM 687.7 Dispensing of Medications

3 FAM 687.7-1 Eligibility

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Medications may be dispensed for the treatment of American employees and eligible dependents, Foreign Service national employees, contract personnel and eligible dependents at post where authorized and personnel who are under administrative support agreements.

3 FAM 687.7-2 Authority to Dispense Prescription Drugs

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Drugs requiring a prescription may be dispensed only by the following medical personnel:

a. Doctors in Charge of Health Units Doctors in charge of Health Units may prescribe and dispense any available medical supplies.

b. Registered Nurses and Nurse Practitioners Registered

Nurses may dispense prescription drugs only upon instructions, oral or written from a physician.

Nurse Practitioners may prescribe prescription drugs in accordance with their training and certification.

Controlled substances may be dispensed by Nurse Practitioners in accordance with oral or written instructions by a physician.

3 FAM 687.8 Procurement of Medical Supplies and Equipment for Non-Americans

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

Requests for medical supplies and equipment from non-Americans shall be directed to American commercial outlets or appropriate foreign diplomatic missions at Washington and not to the Department of State. Posts may, however, render assistance by obtaining and furnishing non-Americans with the names and addresses of medical suppliers.

3 FAM 688 POST-EMPLOYMENT MEDICAL SERVICES

(TL:PER-14; 11-30-89)

(Uniform State/USAID/USIA/Commerce/Agriculture)

The Medical Director is authorized to approve payment for the cost of examination and/or treatment otherwise payable under section 685 for an employee after separation, and for a dependent after the employee's separation, death, or divorce. Medical services for former employees and their eligible dependents are limited to the following:

- a. Medical treatment for an illness or injury discovered in the course of examination at the time of separation or upon death of the employee;
- b. Treatment for an illness or injury where treatment has begun or is urgently needed on or before the date of separation or death;
- c. Examination and treatment for a latent illness not discovered at the time of the separation and which in the opinion of the Medical Director was clearly caused or aggravated by the individual's presence abroad as an employee or a dependent.

Payment of post-employment expenses will be made in accordance with section 3 FAM 685.2.